INVOICE SUMMARY

Notes Paid \$55,716.70 on 11/21/13	Paid \$9,286.11; refused \$6,547.88	Paid \$27,858.34; refused \$11,428.87	Not approved	Paid \$18,572.22; refused \$78,574.45	Not approved	Not approved	Not approved	Not approved
Amount Invoiced \$190,007.82	\$15,833.99	\$39,287.21	\$97,146.67	\$97,146.67	\$78,574.45	\$51,430.48	\$27,143.97	\$78,574.45
Date 10/23/2013	2/3/2014	2/5/2014	4/23/2014	5/29/2014	9/7/2014	12/10/2014	1/7/2015	11/29/2016
SLD Invoice Number 1916252	1960813	1962824	1994189	2008628	2062377	2122181	2131715	2476215
Sun Invoice Number 13314	14332	14326	14358	14358	14358	14358A	15460	16709
Item Number 1	7	ന	4	ις	9	7	∞	6

\$111,433.37

TOTAL PAID

FCC Form 474		7				
1 00 1 01111 474	Do not write in this space.	Approval by OME				
		3060 – 0856				
		Estimated time per response. 1.5				
		hours				
	Schools and Libraries Universal Service	SECURITY CODE				
	Service Provider Invoice Form 474	3				
	This form can be filed online or by	535/0				
Please read instructions before completing.	mail.					
Service Provider Form Identifier		Form 474 Invoice # 1916252				
13314	# -	(To be inserted by administrator)				
(Create an identifier for your reference)	te Se Manual and the second	A				
Block 1: Service Provider Informatio	n					
1. Service Provider Name Sun Micro	owave, Inc.					
2. Service Provider Identification Nu	mber (SPIN) 143024442					
3. Contact Person's Name Al Pfeltz						
4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.:						
Contact Fax Number Area Code: 760 Fax Number: 7495790						
Contact Email Address al@sunmicowave.com						
5. Total Invoice Amount 190007.82						
Page 1 of 4	500 F 474					

SPIN 14302444	2						
Service Provider	Form Identifier	13314				A Management and the second of	
Contact Person	Al Pfeltz			MALOU COMPANY CONTRACTOR CONTRACT		The second section of the second section sec	A Work and
Contact Telepho	ne Number 760	-7495770		The state of the s			
Block 2: Fund	ing Request N	lumber Inforn	nation				
6. Form 471 Application Number (from Funding Commitment Decision Letter)	Number (FRN) (from	Annually	Date (mm/yyyy)	Date to Customer or Last Day	FRN		13. Discount Amount Billed to USAC
			er Column 9 or C	there should be an htry in olumn 10 but NOT OTH		-	
884447	2408430	ANNUALLY	09/01/2013		234577.56	81	190007 82

Service Provider Invoice FCC Form 474					
Service Provider Form Identifier 13314					
Contact Person Al Pfeltz					
Contact Telephone Number 760-7495770					
Block 3: Service Provider Certifications & Signature					
I declare under penalty of perjury that the foregoing is true and correct and tha Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, in	t I am authorized to submit this Service Provider information and belief, as follows:				
A I certify that this Service Provider is in compliance with the rules and orders of support program and Eacknowledge that failure to be in compliance and reministration of funding commit in the denial of discount funding and/or cancellation of funding commit.	ain in compliance with those rules and orders may				
 B. I certify that the certifications made on the Service Provider Annual Certificat true and correct 	ion Form (FCC Form 473) by this Service Provider are				
C I acknowledge that failure to comply with the rules and orders governing the could result in civil or criminal prosecution by law enforcement authorities	schools and libraries universal service support program				
14. Signature of authorized person	15. Date 10/23/2013				
16. Printed name of authorized person Albert R. Pfeltz					
17. Title or position of authorized person Vice President					
18. Telephone number of authorized person 760-7495770 Ext:					
19. Address of authorized person 13868 Little Creek Lane Valley Center CA, 92082					

LEMON CANE	Do not write in this space.	Approval by OM 3060 – 085 * Estimated time per response: 1. hour		
Please read instructions before completing	Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filed online or by mail.	SECURITY CODE		
Service Provider Form Identifier _14332 (Create an Identifier for your reference)		Form 474 invoice # _1960813_ (To be inserted by administrator)		
Block 1: Service Provider Informa	tion			
1. Service Provider Name Sun M	licrowave, Inc.			
2. Service Provider Identification	Number (SPIN) 143024442			
3. Contact Person's Name Al Pfe	eltz			
4. Contact Telephone Number	Area Code: 760 Phone Number: 7495770 Ex	at.:		
Contact Fax Number	Area Code: 760 Fax Number: 7495790			
Contact Email Address alwsu 5. Total Invoice Amount 15833.99				

Page 1 of 4 FCC Form 474 July 2013

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SPIN 143024442 Service Provider For Contact Person Al Contact Telephone Block 2: Fundii	Pfeltz Number 760-7495	5770	ion				
6. Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding	8. Bill Frequency (e.g., Monthly, Quarterly, Annually.	9. Customer	10. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Discount Amount Billed to USAC
884447	2408430	MONTHLY	en Column 9 or Co	there should be an arry in blumn 10 but NOT OTH	19548 13	8:	15833 99

Page 2 of 4 FCC Form 474 July 2013

2 of 5

Service Provider Invoice FCC Form 474

Service Provider Form Identifier 14332

Contact Person Al Pfeltz

Contact Telephone Number 760-7495770

Block 3: Service Provider Certifications & Signature

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

- A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments
- B. I certify that the certifications made on the Service Provider Annual Gerefication Form (ECC Form 473) by this Service Provider are true and correct.
- C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

14. Signature of authorized person

15. Date 2/3/2014

16. Printed name of authorized person

Al Pfeltz

17. Title or position of authorized person

Vice President

18. Telephone number of authorized person

760-7495770 Ext:

19. Address of authorized person

13868 Little Creek Lane Valley Center CA: 92082

	HUUMLY					
FCC Form 474	Do not write in this space.	Approval by OMB 3060 – 0856				
		Estimated time per response: 1.5				
		hours				
	Schools and Libraries Universal	, 2, 4				
	Service					
	Service Provider Invoice Form 474 This form can be filed online or by					
Please read instructions before completing.	mail.					
Service Provider Form Identifier		Form 474 Invoice # 1962824				
14326		(To be inserted by administrator)				
(Create an identifier for your reference)						
Block 1: Service Provider Information						
1. Service Provider Name Sun Micr	owave, Inc.					
2. Service Provider Identification Nu	imber (SPIN) 143024442					
3. Contact Person's Name Al Pfeltz		770 Evt :				
4. Contact Telephone Number	Area Code: 760 Phone Number: 7495)// (LXt				
Contact Fax Number Area Code: 760 Fax Number: 7495790						
Contact Email Address al@sunn	nicrowave.com					
5 Total Invoice Amount 39287.21						

5. Total Invoice Amount 39287.21

Page 1 of 4

FCC Form 474

July 2013

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SPIN 143024442 Service Provider Form Identifier 14326 Contact Person Al Pfeitz Contact Telephone Number 760-7495770 Block 2: Funding Request Number Information							
6. Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from	8. Bill Frequency (e.g., Monthly, Quarterly, Annually,	9. Customer	Date to Customer or Last Day	11. Total (Undiscounted) Amount for Service per FRN		13. Discount Amount Billed to USAC
693496 884447-	2408 430	MONTHLY	el Column 9 or C	there snould be an ntry in column 10 but <u>NOT</u> <u>SOTH</u>	48502.73	81	39287 21

Page 2 of 4 2429324

FCC Form 474

July 2013

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier14326	
Contact Person Al Pfeltz	
Contact Telephone Number 760-7495770	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and tha Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, in	t I am authorized to submit this Service Provider information and belief, as follows:
$_{ m A}$. It certify that this Service Provider is in compliance with the rules and orders of support program and Facknowledge that failure to be in compliance and remarkersult in the denial of discount funding and/or cancellation of funding commits.	ain in compliance with those rules and orders may ments.
 B i certify that the certifications made on the Service Provider Annual Certificat true and correct 	
 c. I acknowledge that failure to comply with the rules and orders governing the could result in civil or criminal prosecution by law enforcement authorities 	schools and libraries universal service support program
14. Signature of authorized person	15. Date 2/5/2014
16. Printed name of authorized person Al Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770 Ext:	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA 92082	
Page 3 of 4 FCC Form 474	July 2013

FCC Form 474	Do not write in this space.	Approval by OM 3060 – 085					
Lemon Grave		Estimated time per response: 1.5 hours					
Please read instructions before completing.	Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filed online or by mail.	SECURITY CODE 39050					
Service Provider Form Identifier 14358 (Create an identifier for your reference)		Form 474 Invoice #1994189 (To be inserted by administrator)					
Block 1: Service Provider Information	1						
1. Service Provider Name Sun Micro	owave. Inc.						
2. Service Provider Identification Nur	nber (SPIN) 143024442						
3. Contact Person's Name Al Pfeltz							
4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.:							
Contact Fax Number Area Code: 760 Fax Number: 7495790							
Contact Email Address al a sunmicrowave.com							
5. Total Invoice Amount 97146.67							

Page 1 of 4 FCC Form 474 July 2013

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SPIN 14302444	SPIN 143024442						
Service Provider	Form Identifier	14358		A MARINE MAN COMMITTEE AND ADDRESS OF THE PARTY OF THE PA			Programme Andrews Commission and Com
Contact Person	Al Pfeltz						
Contact Telepho	ne Number _760)-7495770					
Block 2: Fund	ing Request N	lumber Inform	nation				
6.	7.	8.	9.	10.	11.	12.	13.
Form 471	Funding	Bill	Customer	Shipping	Total	Discount	Discount
Application	Request	Frequency	Billed	Date to	(Undiscounted)	Rate	Amount
Number	Number	(e.g.,	Date	Customer	Amount for		Billed to
(from	(FRN)	Monthly,		or Last Day	Service per		USAC
Funding Commitment	(from		(mm/yyyy)		FRN		
Decision	Funding Commitment	Annually,	: i	Performed			
Letter)	Decision	One-time, Other)		(mmddyyyy)	TO THE STATE OF TH		
	Letter)						
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				OTH			
884447	2408430	MONTHLY	07/01/2013		119934.16	81	97146.67

Service Provider Invoice FCC Form 474						
Service Provider Form Identifier 14358						
Contact Person Al Pfeltz						
Contact Telephone Number 760-7495770						
Block 3: Service Provider Certifications & Signature						
i declare under penalty of perjury that the foregoing is true and correct and Invoice Form (FCC Form 474) and acknowledge to the best of my knowledg	that I am authorized to submit this Service Provider e, information and belief, as follows:					
A I certify that this Service Provider is in compliance with the rules and ord- support program and Lacknowledge that failure to be in compliance and result in the denial of discount funding and/or cancellation of funding con	remain in compliance with those rules and orders may					
B I certify that the certifications made on the Service Provider Annual Certification and correct	fication Form (FCC Form 473) by this Service Provider are					
C. I acknowledge that failure to comply with the rules and orders governing could result in civil or criminal prosecution by law enforcement authorities	the schools and libraries universal service support program s					
14. Signature of authorized person	15. Date 4/23/2014					
16. Printed name of authorized person AI Pfeltz						
17. Title or position of authorized person Vice President						
18. Telephone number of authorized person 760-7495770 Ext:						
19. Address of authorized person 13868 Little Creek Lane Valley Center CA 92082						
Page 3 of 4 FCC Form 47	A (u.b. 2012					

FCC Form 474	Do not write in this space.	Approved by OMB OMB Control No. 3060 - 0856				
Do not Staple This Form	Estimated time per response: 1.0 hour					
jewn in e	Schools and Libraries Universal	*** **********************************				
	Service Service Provider Invoice FCC Form 474					
Please read instructions before completing	This form can be filed online or by mail.					
Service Provider Form Identifier FCC Form 474 Invoice 14358 # 2008628 (Create an identifier for your own reference) (To be inserted by administrator)						
Block 1: Service Provider Informati	on					
1. Service Provider Name Sun Mic	rowave. Inc.					
2. Service Provider Identification N	umber (SPIN) 143024442					
3. Contact Person's Name Al Pfelt	7					
4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.						
Contact Fax Number Area Code: 760 Fax Number: 7495790						
Contact Email Address ai/@sunn	nicrowave.com					
5. Total Invoice Amount (total of Blo	ck 2. Column 13) 97146.67					

Page 1 of 4 FCC Form 474 July 2013

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Approved by OME OMB Control No. 3060 - 0856

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Service Provider Fo	rm Identifier	14358					A THE CHARLES OF THE CONTROL OF THE
Contact Person _A	l Pfeltz		A STATE OF THE STA				
Contact Telephone	Number <u>760</u>	-7495770					
Block 2: Funding	g Request N	umber Inform	ation				
6. FCC Form	7. Funding	8. Bill	9. Customer	10. Shipping	11. Total	12. Discount	13. Amount
471	Request Number (FRN) (from Funding	Frequency (e.g., Monthly, Quarterly, Annually.	Date (mm/yyyy)	Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Service per FRN	Rate	Billed to USAC (Column 11 multiplied by Column 12)
			e Column 9 or C	there should be an atry in Column 10 but <u>NOT</u> BOTH			
884447 24	408430	MONTHLY	07/01/2013		119934.16	9:	97146 67
TOTAL REI	MBURSEN	IENT AMOU	NT TO BE	ENTERED INTO	O ITEM 5		

Approved by OMB OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474				
Service Provider Form Identifier 14358				
Contact Person Al Pfeltz				
Contact Telephone Number 760-7495770				
Block 3: Service Provider Certifications & Signature				
i declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:				
A It certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and Facknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.				
B I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct				
C Eacknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.				
14. Signature of authorized person	15. Date 5/29/2014			
16. Printed name of authorized person Albert R. Pfeltz				
17. Title or position of authorized person Vice President				
18. Telephone number of authorized person 760-7495770				
19. Address of authorized person 13868 Little Creek Lane Valley Center CA 92082				

Form474 Posplay Page Fot 5

FCC Form 474

Do not Staple This Form

Do not write in this space.

Approved by OMB OMB Control No. 3060 – 0856

Estimated time per response: 1.0 hour

Schools and Libraries Universal Service Service Provider Invoice FCC Form 474

74 Filed online or by

Please read instructions before completing

This form can be filed online or by mail.

Junaty 1940

Service Provider Form Identifier 14358

(Create an identifier for your own reference)

FCC Form 474 Invoice # 2062377

(To be inserted by administrator)

Block 1: Service Provider Information

- 1. Service Provider Name Sun Microwave, Inc.
- 2. Service Provider Identification Number (SPIN) 143024442
- 3. Contact Person's Name Al Pfeltz
- 4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.

Contact Fax Number Area Code: 760 Fax Number: 7495790

Contact Email Address al@sunmicrowave.com

5. Total Invoice Amount (total of Block 2, Column 13) 78574.45

SPIN 14302444 Service Provider Contact Person Contact Telepho Block 2: Fund	Form Identifier Al Pfeltz ne Number760	_14358 0-7495770 lumber Inform	nation			
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Request	Annually.	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	
			e Column 9 or C	there should be an ntry in Column 10 but NOT		
884447 TOTAL RI	2408430	MONTHLY	07/01/2013	ENTERED INTO	97005 49 D ITEM 5	81

Approved by OMB OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474				
Service Provider Form Identifier <u>14358</u>				
Contact Person Al Pfeltz				
Contact Telephone Number760-7495770				
Block 3: Service Provider Certifications & Signature				
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:				
A I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.				
B certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.				
C Lacknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities				
14. Signature of authorized person 15. Date 9/7/2014				
16. Printed name of authorized person Albert R Pfeltz				
17. Title or position of authorized person Vice President				
18. Telephone number of authorized person 760-7495770				
19. Address of authorized person 13868 Little Creek Lane Valley Center CA, 92082				

Approved by OMB FCC Form 474 Do not write in this space. OMB Control No. 3060 -Do not Staple This Form COMEN GROVE Estimated time per response: Schools and Libraries Universal Service Service Provider Invoice FCC Form 474 This form can be filed online or by Secretary Cope Please read instructions before 46219 completing Service Provider Form Identifier FCC Form 474 Invoice 14358A # 2122181 (Create an identifier for your own (To be inserted by administrator) reference) **Block 1: Service Provider Information** 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz Area Code: 760 Phone Number: 7495770 Ext. 4. Contact Telephone Number

5. Total Invoice Amount (total of Block 2, Column 13) 51430.48 **July 2013**

FCC Form 474

Area Code: 760 Fax Number: 7495790

1/7/15 CASE# 22-7/6774 STILL UNDER ZEVIEW

Contact Email Address al@sunmicrowave.com

Contact Fax Number

Page 1 of 4

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SPIN _143024442	2					
Service Provider	Form Identifier	14358A				
Contact Person	Al Pfeltz					
Contact Telephor	ne Number <u>760</u>	-7495770				
Block 2: Fundi	ing Request N	umber Inform	nation			
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(FRN) (from Funding	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	Date	Customer or Last Day of	11. Total (Undiscounted) Amount for Service per FRN	Di

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5

MONTHLY

Page 2 of 4 FCC Form 474 July 2013

06/01/2014

For each FRN, there should be an entry in
Column 9 or Column 10 but NOT
BOTH

Approved by OMB OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474				
Service Provider Form Identifier14358A				
Contact Person Al Pfeltz				
Contact Telephone Number760-7495770				
Block 3: Service Provider Certifications & Signature				
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:				
 A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct. 				
C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.				
14. Signature of authorized person	15. Date 12/10/2014			
16. Printed name of authorized person Albert R. Pfeltz				
17. Title or position of authorized person Vice President				
18. Telephone number of authorized person 760-7495770				
19. Address of authorized person 13868 Little Creek Lane				

Page 3 of 4 FCC Form 474 July 2013

Valley Center CA, 92082

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Page Folis FCC Form 474 Approved by OMB Do not write in this space. Do not Staple This Form OMB Control No. 3060 -LEMOR GARVE 0856 Estimated time per response: 1.0 hour Schools and Libraries Universal Service Service Provider Invoice FCC Form 474 This form can be filed online or by Scripp Cone 43878 Please read instructions before completing Service Provider Form Identifier FCC Form 474 Invoice # 2131715 (Create an identifier for your own (To be inserted by administrator) reference) **Block 1: Service Provider Information** 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz 4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext. **Contact Fax Number** Area Code: 760 Fax Number: 7495790 Contact Email Address al@sunmicrowave.com 5. Total Invoice Amount (total of Block 2, Column 13) 27143.97

Page 1 of 4 FCC Form 474 **July 2013**

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SPIN <u>14302444</u>	2						
Service Provider	Form Identifier	15460				************	
Contact Person	Al Pfeltz						
Contact Telepho	ne Number <u>760</u>	-7495770					
Block 2: Fund	ing Request N	lumber Inforn	nation				
6.							
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Annually.	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service per FRN	Di	
			e Column 9 or C	there should be an ntry in Column 10 but <u>NOT</u> BOTH		A CAN THE STREET OF THE STREET	
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TOTAL RE	IMBURSEN	IENT AMOU	NT TO BE	ENTERED INTO	DITEM 5		

Form474_Display Page 5 of 5

Approved by OMB OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474					
Service Provider Form Identifier15460					
Contact Person Al Pfeltz					
Contact Telephone Number760-7495770					
Block 3: Service Provider Certifications & Signature					
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:					
I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.					
B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.					
C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities					
14. Signature of authorized person 15. Date 1/7/2015					
16. Printed name of authorized person Albert R Pfeltz					
17. Title or position of authorized person Vice President					
18. Telephone number of authorized person 760-7495770					
19. Address of authorized person 13868 Little Creek Lane Wallow Conter CA 92082					

11/29/2016 Form474_Display

Schools and Libraries Universal Service Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave. Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz	500 5 474								
Schools and Libraries Universal Service Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave. Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz	FCC Form 474	Do not write in this space.	Approved by OMB						
Schools and Libraries Universal Service Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz		and the second	OMB Control No. 3060 - 0856						
Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave. Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz	Estimated time per response: 1.0 ho								
Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave. Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz									
Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave. Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz									
Please read instructions before completing Service Provider Invoice FCC Form 474 Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave. Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz	1		J						
Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz									
Service Provider Form Identifier 16709 (Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz	Please read instructions before completing	Service Provider Invoice FCC Form 474	SECURITY GIRE 27724						
(Create an identifier for your own reference) Block 1: Service Provider Information 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz	Service Provider Form Identifier								
Block 1: Service Provider Information 1. Service Provider Name Sun Microwave, Inc. 2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz									
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2. Service Provider Identification Number (SPIN) 143024442 3. Contact Person's Name Al Pfeltz									
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	2. Service Provider Identification N	umber (SPIN) 143024442							
	3. Contact Person's Name Al Pfelt	Z							
4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.	4. Contact Telephone Number	Area Code: 760 Phone Number: 7495770 Ext							
Contact Fax Number Area Code: 760 Fax Number: 7495790	Contact Fax Number	Area Code: 760 Fax Number: 7495790							
Contact Email Address al@sunmicrowave.com	Contact Email Address al(a/sun	microwave.com							
5. Total Invoice Amount (total of Block 2, Column 13) 78574.45	5. Total Invoice Amount (total of Blo	ock 2, Column 13) 78574.45							

Page 1 of 4 FCC Form 474 July 2016

SPIN _143024442 Service Provider F Contact Person _A		709				VID CONTION I	0. 3000 – 0636
Contact Telephone	Number _ 760-749	95770					
Block 2: Fundir	ng Request Nu	mber Informat	ion				
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(FRN) (from Funding	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	Date	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			Column 9 or (nere should be an entry in Column 10 but <u>NOT</u> BOTH			
884447 TOTAL RF	2408430 EIMBURSEN	ANNUALLY	07/01/2013 NT TO BE E	NTERED INTO	97005.49 ITEM 5	81	78574.45

Page 2 of 4 FCC Form 474 July 2016

Approved by OMB OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier16709	
Contact Person Al Pfeltz	
Contact Telephone Number760-7495770	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct Provider Invoice Form (FCC Form 474) and acknowledge to the best of follows:	
 A. I certify that this Service Provider is in compliance with the rules an universal service support program and I acknowledge that failure to those rules and orders may result in the denial of discount funding a B. I certify that the certifications made on the Service Provider Annual Service Provider are true and correct. C. I acknowledge that failure to comply with the rules and orders gover support program could result in civil or criminal prosecution by law e 	be in compliance and remain in compliance with ind/or cancellation of funding commitments. Certification Form (FCC Form 473) by this ining the schools and libraries universal service
14. Signature of authorized person	15. Date 11/29/2016
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA, 92082	